



Agency of Digital Services



IT Purchasing
Internal Use Only

ADS IT Purchase Request and Approval Form

For descriptions of standard hardware/ software, a listing of in-stock items, and guidance on the correct form to use, please refer to the [IT Purchasing](#) website. This form is not for requesting in-stock items. To request those items, please use the Information Technology Deployment Request and Approval Form located at the link above. Please be thorough to avoid delays. Requests for purchase will be handled in the order received. Estimated costs are not required. Additional sheets may be added if necessary.
****Requests missing the Customer Number to Bill are unable to be fulfilled.****

Requestor Information - This is an authorized requestor that can answer all questions about the request				
Date submitted: 01/18/2022	<u>Is this related to an accommodation need?</u> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If Yes, name of HR contact	Customer Number to Bill AG01	
Requestor name: Jay Bailey	Phone number: 828-2718	Agency:	Department: AGO	Division: IT

STANDARD HARDWARE AND STANDARD SOFTWARE AVAILABLE FOR PURCHASE

Standard Hardware		
Quantity:	Estimated cost:	Staff name(s) / positions:
Description:		Install address (include street/city - suite/cube #):
Contact phone #:		
Notes:		

Quantity:	Estimated cost:	Staff name(s) / positions:
Description:		Install address (include street/city - suite/cube #):
Contact phone#:		
Notes:		

Standard Accessories		
Quantity:	Estimated cost:	Staff name or position #:
Description:		Install address (include street/city - suite/cube #):
Contact phone #:		

Which Asset tag # (and model # if known) is this for?

Quantity:	Estimated cost:	Staff name(s) / positions:
Description:		Install address (include street/city - suite/cube #):
Contact phone #:		

Which Asset tag # (and model # if known) is this for?

Standard Printers /Scanners		
Quantity:	Estimated cost:	Staff name(s) / positions:
Description:		Install address (include street/city - suite/cube #):
Contact phone #:		
Accessories:		* Some models do not have accessories, please refer to standards page

Quantity:	Estimated cost:	Staff name(s) / positions:
Description:		Install address (include street/city - suite/cube #):
Contact phone #:		
Accessories:		* Some models do not have accessories, please refer to standards page

Standard Software		
Quantity: 1	Estimated cost: 42.60	Staff name(s) / positions: Daniel J Martin
Description: Adobe Acrobat DC		Install address (include street/city - suite/cube #): 109 State Street, Montpelier, VT 05609
Contact phone #: 802-828-3178		
Notes:		

Quantity:	Estimated cost:	Staff name(s) / positions:
Description: Adobe Acrobat DC		Install address (include street/city - suite/cube #):
Contact phone #:		
Notes:		



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NON-STANDARD HARDWARE OR SOFTWARE

*** When non-standard hardware or software is being considered, additional approvals may be necessary. If you have a vendor quote, please attach it with this form for reference. Requests without exact manufacturer# / vendor item# may be delayed if this must be researched. ***

Non-Standard Hardware / Software (for all items not listed above)		
Quantity:	Estimated cost:	Staff name(s) / positions:
Full name of item:	Install address (include street/city - suite/cube #):	
<i>Mfg# / Item #</i>	Contact phone #:	
Reason for this request:		
Notes:		

Quantity:	Estimated cost:	Staff name(s) / positions:
Full name of item:	Install address (include street/city - suite/cube #):	
<i>Mfg# / Item #</i>	Contact phone #:	
Reason for this request:		
Notes:		

Requests require authorization by the IT Purchasing Approver / IT Manager before processing, additional approvals may be required according to cost thresholds and departmental procedures.

Department Approvals			
TITLE OF APPROVER	DATE	By checking the "Authorize" box and entering your name below, you are confirming your electronic signature and authorizing this form:	
Supervisor / Manager	01/18/2022	Authorize: <input checked="" type="checkbox"/>	Name: <i>Jay Bailey</i> <small>DocuSigned by: 84C827DFC4234C11...</small>
Other – Please provide title: Fiscal Director	01/18/2022	Authorize: <input checked="" type="checkbox"/>	Name: <i>Marcey Hodgdon</i> <small>C96DE97C9EC04EF...</small>
Other – Please provide title:		Authorize: <input type="checkbox"/>	Name:
Other – Please provide title:		Authorize: <input type="checkbox"/>	Name:

Once this request has been fulfilled, your business office will receive an invoice for the item(s) purchased. All fields below are not required but may be useful for tracking purposes. All purchases must be budget checked. Please keep a copy of this request form for your records.

For Business Office Use		
Department Purchase Authorization # :	Bus Unit/ GL Unit:	Department ID:
Program Code:	Fund Code:	Project Code:
Acct/Expense Code(s):	Name of Business Office Staff:	
Accounting Notes:		